



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Albani, Salvatore

Examiner: Ewoldt, Gerald R.

Serial No.: 10/614,414

Group Art Unit: 1644

Filed: July 7, 2003

Docket: AND-1001-DV

Title: Methods of Modulating Antigen-Specific T Cells Activity

INFORMATION DISCLOSURE STATEMENT

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir/Madam:

In compliance with the duty imposed by 37 C.F.R. § 1.56, and in accordance with 37 C.F.R. §§ 1.97 *et. seq.*, the enclosed material is brought to the attention of the Examiner for consideration in connection with the above-identified patent application.

Applicant respectfully requests that the enclosed Information Disclosure Statement be entered, and the documents listed on the attached Form SB08A be considered by the Examiner and made of record. Pursuant to the provisions of MPEP 609, Applicant requests that a copy of the SB08A form, initialed as being considered by the Examiner, be returned to the Applicants with the next official communication.

CERTIFICATE OF MAILING PURSUANT TO 37 CFR § 1.8:

The undersigned hereby certifies that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Mail Stop: AMENDMENT, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Daniel M. Chambers

Name

February 6, 2007

Date

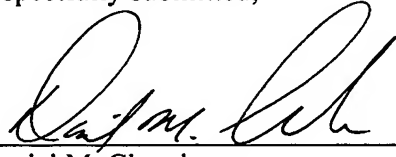

Signature

Pursuant to 37 C.F.R. §1.97(c)(2), Applicants have included the fee of \$180.00 as set forth in 37 C.F.R. §1.17(p). If any additional fees are due or overpayment, please contact the undersigned attorney at (858) 350-9690.

The Examiner is invited to contact the Applicant's Representative at (858) 350-9690 if there are any questions regarding this communication.

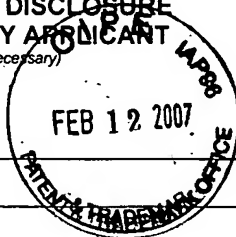
Respectfully submitted,

Date: 2 Feb 2007
BioTechnology Law Group
527 N. Highway 101, Suite E
Solana Beach, CA 92075-1173
Telephone: 858 350-9690
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Daniel M. Chambers
Reg. No. 34,561

Substitute for form 1449A/PTO

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**
(Use as many sheets as necessary)

Sheet 1 of 1

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

PTO/SB/08A(08-03)
Approved for use through 07/31/2008. OMB 0651-0031
US Patent & Trademark Office, U.S. DEPARTMENT OF COMMERCE

Complete if Known

Application Number	10/614,414
Filing Date	July 7, 2003
First Named Inventor	Albani, Salvatore
Group Art Unit	1644
Examiner Name	Ewoldt, Gerald R.
Attorney Docket No:	AND-1001-DV

US PATENT DOCUMENTS

Examiner Initials *	Cite No. ¹	USP Document Number	Publication Date	Name of Patentee or Applicant of cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear

FOREIGN PATENT DOCUMENTS

Examiner Initials *	Cite No. ¹	Foreign Document No	Publication Date	Name of Patentee or Applicant of cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ²

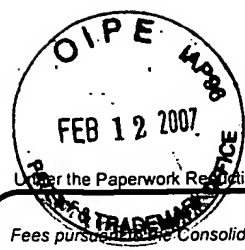
OTHER DOCUMENTS -- NON PATENT LITERATURE DOCUMENTS

Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
	A1.	WALDEN, "Antigen presentation by liposomes," <i>Hamatologie Und Bluttransfusion</i> 29:481-5 (1985)	
	A2.	WALDEN et al., "Induction of regulatory T-lymphocyte responses by liposomes carrying major histocompatibility complex molecules and foreign antigen," <i>Nature</i> 315(6017):327-329 (1985)	

EXAMINER**DATE CONSIDERED**

Substitute Disclosure Statement Form (PTO-1449)

* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.¹ Applicant's unique citation designation number (optional) ² Applicant is to place a check mark here if English language Translation is attached



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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2006

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) \$180.00

Complete if Known

Application Number 10/614,414
Filing Date July 7, 2003
First Named Inventor Albani, Salvatore
Examiner Name Ewoldt, Gerarld R.
Art Unit 1644
Attorney Docket No. AND-1001-DV

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☐ Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
- 20 or HP = _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
- 3 or HP = _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____ Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Filing fee for Submission of Information Disclosure Statement \$180.00

SUBMITTED BY

Signature _____ Registration No. (Attorney/Agent) 34,561 Telephone (858) 350-9690
Name (Print/Type) Daniel M. Chambers Date Feb. 6, 2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.